POLICY NUMBER MISSISSIPPI DEPARTMENT 25-07-G OF **AGENCY WIDE** CORRECTIONS MEDICAL INITIAL DATE SUICIDE PRECAUTION, INTERVENTION AND MANAGEMENT 05-19-2004 EFFECTIVE DATE

ACA STANDARDS: 4-4373, 4-ACRS-4C-16

NCCHC STANDARDS: P-G-05

NON-RESTRICTED

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POLICY:

STATUTES:

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It is the policy of the Mississippi Department of Corrections (MDOC) to appropriately manage diagnosed or potentially suicidal inmates by guidelines and procedures that are consistent with security requirements and accepted mental health practices.

DEFINITIONS:

Suicidal Gesture - An act of self-harm without intent to die

Suicidal Ideation - Having thoughts pertaining to the termination of one's own life

Suicidal Tendencies - A pattern of self destructive actions, or having a history of suicidal gestures or attempts

PRECEPTS/PROCEDURES:

Initial Assessment

Upon arrival at Central Mississippi Correctional Facility (CMCF), each inmate will be assessed by a health-trained staff member.

If indicated, the inmate will be referred for further assessment by mental health staff or other health services staff prior to initial housing assignment.

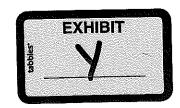
All inmates will be evaluated for current suicidal ideation and a history of suicidal behavior. If indicated, the inmate will be referred for further evaluation and treatment.

Assessment of Suicide Threat or Attempt

Evaluation by mental health staff will include, but not be limited to assessment of:

- Inmate's mental status
- Inmate's self-reported behavior
- Current suicidal risk
 - Ideation
 - Plans
 - Lethality of plan
 - Recent stressors

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42 . Goal of behavior

- History of suicidal behavior/ideation
 - . How often
 - . When
 - Method used or contemplated
 - Why
 - Consequences of prior attempts/gestures
- Inmate's report of his or her potential for suicidal behavior
- Inmate's consent or refusal to make "no harm contract"
 - . I am not going to hurt myself.
 - . I feel better now.
 - . If I feel suicidal again, I will ask for help.

Whenever necessary, mental health staff will consult with a psychiatrist for assistance in evaluation.

Recognition of Suicidal Intent

Any security staff member who suspects an inmate is exhibiting suicidal ideation or actions, will immediately ensure the safety of the inmate by removing any item(s) that may be potentially dangerous to the inmate.

If a suicide attempt has occurred or is occurring, security staff will follow their standard practices for medical emergencies and act to ensure the safety of the inmate.

It is imperative that the inmate's immediate health care needs be attended to as quickly as possible.

Any decisions to refer the inmate to a medical or mental health staff member or place the inmate on suicide precautions will be secondary to the primary responsibility of ensuring that the inmate's immediate safety and health care needs are met.

Any health services staff member can make referrals to the mental health staff when he or she is of the opinion that an inmate is showing suicidal behavior.

If the inmate has not engaged in behavior that has resulted in injury and does not require medical treatment, the referral will be made immediately by telephone to a mental health staff member or to a member of the health services staff.

Protocol: Placement on Suicide Precautions

 The health services staff member will immediately notify the Warden or designee that the inmate is to be placed on suicide precautions.

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- The health services staff member will notify a member of the mental health staff that the inmate has been placed on suicide precautions.
- After normal working hours and on weekends and holidays, the reporting staff member will
 notify an on-duty health services staff member when an inmate exhibits suicidal behavior.
- Security staff will confiscate and secure all of the inmate's property.
- Security staff will provide the inmate with a paper gown to wear.
- Security staff will assign the inmate to a single cell equipped with a closed circuit television (CCTV) camera or to the hospital/infirmary.
- If neither is available, the inmate will be placed in a cell directly observed by a security officer.
 - No items are to remain in the cell unless specifically authorized by a member of the medical or mental health staff.
 - Security staff will document in the Unit Log what has taken place.
- The Tower Officer or another Correctional Officer will check the inmate at least every fifteen (15) minutes and document the inmate's activity on an observation sheet.

Notifications

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- The Warden or designee will notify the Unit Case Manager that the inmate has been placed on suicide precautions.
- The medical, mental health or any other staff member may notify the chaplain or other designated staff as indicated.

Medical Care

- Medical staff will ensure that the inmate is provided any prescribed medication and document whether it was taken or refused on the Medication Administration Record.
- Parenteral medications will be used whenever possible because of the inmate's mental status.
- 127 A member of the medical or mental health staff will see the inmate at least every working day while the inmate is on suicide precautions.
- The purpose of this visit will be to evaluate whether a continuation of suicide placement is required.
- 133 Each visit will be documented in the inmate's medical record.

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Removal from Suicide Precautions 134

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- An inmate may be removed from suicide precautions only by a psychologist or physician. 136
- The psychologist or physician will place such an order in the inmate's medical record and 138 will also provide written notification to the Warden or designee. 139
 - Written notification will include any special instructions or precautions if indicated.
- The psychologist or physician removing the inmate from suicide precautions will ensure that 143 any necessary follow-up mental health services are arranged. 144
 - The Warden or designee will be responsible for routing all necessary reports to their appropriate destinations.

Suicide Attempt/Post-Suicide Procedures

- Employees responding to a request for assistance at the scene will do the following steps:
- Assist with first aid as necessary, maintain security, and preserve the scene for investigative purposes.
- Notify the Watch Commander.
- In the event a suicide or attempted suicide does occur, the first employee on the scene will 158 notify other staff members by the most expedient means available.
- 161 Quickly try to determine if there are any obvious signs of life.
- If so, take necessary life-saving steps (i.e., removal of constricting object from hanging 163 164 victim, controlling bleeding).
- If the victim is obviously deceased, preserve the crime scene and leave the body and all 166 objects as they were discovered. 167 168

<u>Documentation</u>

- An Extraordinary Occurrence Form will be completed, legibly and concisely. Other 171 172 documentation will include Observation Logs and Progress Notes.
- The Watch Commander will ensure that the Superintendent and other administrative staff are 174 175 notified and will ensure that all Incident Reports are completed in a timely manner.

177 Training

A written suicide prevention and intervention program will be reviewed and approved by a 179 180 qualified medical or mental health professional.

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- Training will include, but not be limited to: 182
- Identifying the warning signs and symptoms of impending suicidal behavior
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 - Understanding the demographic and cultural parameters of suicidal behavior including incidence and variations in precipitating factors
 - · Responding to suicidal and depressed offenders
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 190 Communication between correctional and health care personnel
- 192 Referral procedures

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- Housing observation and suicide watch level procedures
- Follow-up monitoring of offenders who make a suicide attempt

All medical staff and Correctional Officers will receive annual training in the identification and management of potentially suicidal offenders.

The MDOC Training Department staff will ensure that this training is provided during the new hire orientation.

The mental health staff will provide assistance with instruction and make available all applicable information.

DOCUMENTS REQUIRED:

As required by this policy and through the chain of command.

ENFORCEMENT AUTHORITY			
Reviewed and Approved for Issuance	Fentrell, Lacell, M.D. Medical Director	. 10/29/2001 Date	
	General Counsel	16-29-04 Date	
	Commissioner Ex	/0-29-04 Date	